

# **CAHPS<sup>®</sup> Survey for Accountable Care Organizations (ACOs) Participating in Medicare Initiatives 2014 - 2015 Survey Vendor Authorization Form**

ACOs must authorize an approved CAHPS for ACOs Survey vendor to submit data on their behalf for the 2014 - 2015 administration of the CAHPS for ACOs Survey. The 2014 - 2015 survey covers the 2014 quality reporting period.

To authorize a survey vendor, an ACO representative must complete the CAHPS for ACOs Survey **Vendor Authorization Form**. The person who completes this form for the ACO will be the CAHPS for the ACO Survey Administrator for that ACO.

You can submit one form for multiple ACOs. On the form itself, please print “see attached list of [insert number] ACOs” in the spaces provided for ACO’s name. The list should include the ID and name of each ACO covered by the form. Be sure that the CAHPS for ACOs Survey Administrator signs and dates the form. The form must be signed and dated in the presence of a notary public, notarized, and sent to the RAND Corporation by **September 22, 2014**.

*Note: When completing a Vendor Authorization Form affecting multiple ACOs, you may attach a list to the form signed and dated by the ACOs’ Administrator.*

If form is sent via U.S. Mail, address to:

RAND Corporation  
ATTN: Julie Brown  
CAHPS for ACOs Survey  
1776 Main Street  
PO BOX 2138  
Santa Monica, CA 90407-2138

If form is sent via Federal Express, UPS or other overnight delivery service, address to:

RAND Corporation  
ATTN: Julie Brown  
1776 Main Street  
Santa Monica, CA 90401

Phone: 310-393-0411, extension 6212

**CAHPS® Survey for Accountable Care Organizations (ACOs)  
Participating in Medicare Initiatives  
2014 - 2015 Survey Vendor Authorization Form**

I, \_\_\_\_\_ (print CAHPS for ACOs Survey Administrator's name),  
acknowledge and accept the role and all of the responsibilities of the CAHPS for ACOs Survey  
Administrator for \_\_\_\_\_ (print name of ACO and ACO  
id). For multiple ACOs, print "see attached list of [insert number] ACOs."

In this role I will be responsible for:

- 1) Designating another individual within the organization as the Back-up Administrator.
- 2) Authorizing a survey vendor to collect and submit data on behalf of  
\_\_\_\_\_ (print name of ACO or "see attached list").
- 3) Notifying CMS and RAND immediately if the ACO revokes their authorization a survey  
vendor.
- 4) Serving as the main point of contact with the CAHPS for ACOs Survey Project Team.
- 5) Notifying the CAHPS for ACOs Survey Project Team if my role as the CAHPS for ACOs  
Survey Administrator for the ACO is no longer valid and identifying my successor.

By signing this form, I authorize \_\_\_\_\_ (print survey vendor name)  
to collect data for the ACO I represent as part of the 2014 - 2015 administration of the CAHPS  
for ACOs Survey and to submit data to CMS on behalf of the ACO.

ACO Administrator first and last name: \_\_\_\_\_

ACO Administrator signature: \_\_\_\_\_

ACO Administrator title: \_\_\_\_\_

ACO Administrator phone number: (\_\_\_\_\_) \_\_\_\_\_

ACO Administrator email address: \_\_\_\_\_

ACO Administrator mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Back-up Administrator first and last name: \_\_\_\_\_

Survey Vendor name/address: \_\_\_\_\_

Notary Public signature: \_\_\_\_\_

Seal: \_\_\_\_\_

Date notarized: \_\_\_\_\_